

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722058

1. Entity Name

THE ISLANDS CONDOMINIUMS ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90210 026 ****61.25

Principal Place of Business

Mailing Address

11680 W DIXIE SHORES DR
CRYSTAL RIVER FL 34429
US

11680 W DIXIE SHORES DR
CRYSTAL RIVER FL 34429-9280
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1368822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EADIE MORROW, MANAGER
11680 W DIXIE SHORES DR
11680 W DIXIE SHORES DR
CRYSTAL RIVER FL 34429

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Eadie Morrow*
Signature, typed or printed name of registered agent and title if applicable.

Manager
(NOTE: Registered Agent signature required when reinstating)

2/29/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME OPEL, WAYNE
STREET ADDRESS 11310 W BAYSHORE DR
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE T ☐ Change ☒ Addition
NAME Ralph Root
STREET ADDRESS 11428 W. Bayshore Dr.
CITY-ST-ZIP Crystal River, FL 34429

TITLE VP ☒ Delete
NAME WEST, HAROLD
STREET ADDRESS 11624 W KINGFISHER CT
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE S ☐ Change ☒ Addition
NAME Kenneth Anderson
STREET ADDRESS 11603 W. Bayshore Dr.
CITY-ST-ZIP Crystal River, FL 34429

TITLE D ☐ Delete
NAME MCKEE, GORDON
STREET ADDRESS 11402 W BAYSHORE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME BEVERS, HENRY
STREET ADDRESS 11568 W BAYSHORE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE D ☐ Change ☒ Addition
NAME James Corp
STREET ADDRESS 11364 W. Bayshore Dr.
CITY-ST-ZIP Crystal River, FL 34429

TITLE D ☐ Delete
NAME ELSON, RONALD
STREET ADDRESS 1277 N OSPREY PT
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ? , CLAY
STREET ADDRESS 114 BAYSHORE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE P ☒ Change ☐ Addition
NAME Clay Durham
STREET ADDRESS 11468 W. Bayshore Dr.
CITY-ST-ZIP Crystal River, FL 34429

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE *Clay Durham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00
Date

352-795-7104
Daytime Phone #

CR2E037 (9/99)